

**Harris County Community Services Department
Treasury American Rescue Plan Act
Multi-Family Rehabilitation Program**

**DUPLICATION OF BENEFITS
CHECKLIST FORM**

Project Name	
Address	
Contact Person Name	
Telephone and Email	
Amount Requested	

DUPLICATION OF BENEFITS RECEIVED FOR REHABILITATION OR RECONSTRUCTION

In the event an eligible project that previously received repair or replacement assistance from other sources including but not limited to insurance reimbursement, Federal Emergency Management Agency (FEMA), and/or the Small Business Administration (SBA), the amount received must be considered when determining the amount of assistance that may be provided.

Is the proposed project a:

- ☐ Rehabilitation
☐ Reconstruction
☐ New Construction (If selected, skip to signature section. No other responses required.)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

LIEN AND MORTGAGE INFORMATION

Do you have one or more mortgages on the damaged property? ☐ Yes ☐ No ☐ N/A

FEMA INFORMATION

Have you applied for any storm-related assistance from FEMA for damage to your property? ☐ Yes ☐ No

If Yes, What is your FEMA Registration No.? _____

Are you approved for any storm related assistance for structural damage from FEMA on this property? ☐ Yes ☐ No

If Yes, FEMA Amount Approved _____ FEMA Amount, If any, Received to Date _____

SMALL BUSINESS ADMINISTRATION (SBA) INFORMATION

Have you applied for any storm-related assistance from the SBA for damage to your property? ☐ Yes ☐ No

If Yes, What is your SBA Application No.? _____

Are you approved for storm-related assistance from the SBA for damage to your property? ☐ Yes ☐ No

If Yes, Loan No. _____ SBA Amount Approved \$ _____

SBA Amount, if any, Received to Date \$ _____

WAS AN INSURANCE POLICY IN EFFECT ON DAMAGED PROPERTY ON AUGUST 23, 2017?

☐ Yes ☐ No

If Yes, fill in the block below:

Name of Insurance Company:		
Agent's Name:	Phone No. of Agent:	Insured Value of Structure:
Insurance Policy No.	Start Date of Policy in Effect at the Time of the Storm:	End Date of Policy in Effect at the Time of the Storm:
Claim No.	If Settled: How Much for Structure? \$	If Pending, How Much for Structure? \$
Total Damage Estimated by Insurer: \$		
Name of Insured (Check if same as applicant __) If not same as applicant, provide information:		

WAS A FLOOD INSURANCE POLICY IN EFFECT ON DAMAGED PROPERTY ON AUGUST 23, 2017? ☐Yes ☐No ☐N/A

If Yes, fill in the block below:

Name of Insurance Company:		
Agent's Name:	Phone No. of Agent:	Insured Value of Structure:
Insurance Policy No.	Start Date of Policy in Effect at the Time of the Storm:	End Date of Policy in Effect at the Time of the Storm:
Claim No.	If Settled: How Much for Structure? \$	If Pending, How Much for Structure? \$
Total Damage Estimated by Insurer: \$		
Name of Insured (Check if same as applicant __) If not same as applicant, provide information:		

WAS A WIND INSURANCE POLICY IN EFFECT ON DAMAGED RESIDENCE ON AUGUST 23, 2017? ☐Yes ☐No ☐N/A

If Yes, fill in the block below:

Name of Insurance Company:		
Agent's Name:	Phone No. of Agent:	Insured Value of Structure:
Insurance Policy No.	Start Date of Policy in Effect at the Time of the Storm:	End Date of Policy in Effect at the Time of the Storm:
Claim No.	If Settled: How Much for Structure? \$	If Pending, How Much for Structure? \$
Total Damage Estimated by Insurer: \$		
Name of Insured (Check if same as applicant __) If not same as applicant, provide information:		

Are you actively in dispute with any of your insurance claims?

☐Yes ☐No

If YES, are you currently involved in litigation with any of your insurance claims?

☐Yes ☐No

If you are currently involved in litigation related to storm damage with one or more insurance companies, please provide information about your attorney:

First Name	Last Name	Middle Name	
Street Address	City	State	ZIP
Phone No.			

OTHER FUNDING

Did you receive any other type of funding to repair your property?

☐ Yes ☐ No

If Yes, please list all that apply and the amount in the space below:

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The undersigned, certifies and represents that all information is true to the best of his or her knowledge and that it has disclosed all other funds available from, received by, or to be received from governmental agencies as compensation for damages resulting from declared disasters for which assistance may be provided. The undersigned acknowledges that it may be prosecuted by Federal, State, or local authorities and/or that repayment of these funds may be required in the event that it makes or files false, misleading, or incomplete statements or documents.

Signature

Date _____

Written Name